

L220000018467

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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FILED  
23 SEP 11 AM 10:53  
FALLS CHURCH, VA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ES Endodontics LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ERIC SERRANO DDS

Name of Person

ES ENDODONTICS LLC

Firm/Company

1623 SHALLCROSS AVE

Address

ORLANDO, FLORIDA 32828

City/State and Zip Code

eserranodds@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ERIC SERRANO DDS

Name of Person

at (904)

Area Code

535-5909

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☒ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

FILED  
23 SEP 11 AM 10:53  
CLERK OF CIRCUIT COURT  
JACKSONVILLE, FLORIDA

ES Endodontics LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/07/22 and assigned  
Florida document number L22000018467.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

ES ENDODONTICS PLLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Registered Agents Inc

New Registered Office Address:

7901 4th St N STE 300

Enter Florida street address

St. Petersburg

City

Florida

33702

Zip Code

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

David Roberts Assistant Secretary  
If Changing Registered Agent, Signature of New Registered Agent



**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

I WORK EXCLUSIVELY AS A DENTIST WITH THIS BUSINESS AND I WOULD LIKE TO CHANGE THE SUFFIX OF THE BUSINESS TO PLLC, BECAUSE SOME DENTAL CORPORATIONS CAN PAY BUSINESSES WITH A PLLC SUFFIX, BUT NOT WITH LLC SUFFIX.

THE NATURE OF MY BUSINESS IS I WORK AS A TRAVELING ENDODONTIST TREATING PATIENTS AT MULTIPLE DENTAL OFFICES THROUGHOUT THE STATE OF FLORIDA.

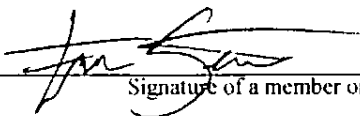
**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)*

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated SEPTEMBER 4th . 2023 .



Signature of a member or authorized representative of a member

ERIC SERRANO DDS

Typed or printed name of signee